## **D Voice Unilateral Vocal Fold Paralysis**

Record ID		
1. Gold Standard Diagnosis		
Does the patient have VFP confirmed by laryngoscopy/stroboscopy?	<ul><li>○ No</li><li>○ Yes</li><li>○ Not certain</li></ul>	
2. Disease Subtype		
Which side is the paralysis? Choose all that apply	☐ Left ☐ Right	
3. Etiology		
What is the etiology?	<ul><li>○ Idiopathic</li><li>○ Iatrogenic (surgery/intubation)</li><li>○ Tumor invading RLN</li><li>○ Radiation</li><li>○ Other</li></ul>	
Please specify		
latrogenic (surgery/intubation) subcategory	<ul> <li>○ Thyroidectomy</li> <li>○ ACDF</li> <li>○ Lung surgery</li> <li>○ Heart Surgery</li> <li>○ Intubation</li> <li>○ Brain Surgery</li> <li>○ Other</li> </ul>	
Please specify		
Tumor invading RLN - Subcategory	<ul><li>○ Brain</li><li>○ Chest</li><li>○ Neck</li></ul>	
4. Disease Severity		
Degree of Glottic Gap	<ul><li>○ No glottic gap</li><li>○ Small</li><li>○ Moderate</li><li>○ Large</li></ul>	
Degree of dysphonia		
CAPE-V scale		
Legend: C- Sonsistent I = Intermittent		

MI = Mildly Deviant

MO = Moderately Deviant SE = Severely Deviant

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Overall Severity	MI	МО	SE
	(Place a mark on the scale above)		
Overall Severity	○ Consistent	○ Intermittent	
Roughness	MI	MO  Place a mark on the scale above)	SE
Roughness	○ Consistent	○ Intermittent	
Breathiness	MI	MO	SE
		Place a mark on the scale above)	
Breathiness	○ Consistent	○ Intermittent	
Strain	MI	MO	SE
		Place a mark on the scale above)	
Strain	○ Consistent	○ Intermittent	
Pitch	MI	МО	SE
		Place a mark on the scale above)	
Pitch (Indicate the nature of the abnormality):			
Pitch	○ Consistent	○ Intermittent	
Loudness	MI	МО	SE
		Place a mark on the scale above)	
Loudness (Indicate the nature of the abnormality):			
Loudness	○ Consistent	○ Intermittent	
Comments about resonance	○ Normal ○ Other		
Please specify			
Additional Features (for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms):			



5. Treatment obtained	
Has the patient undergone any treatment for their condition?	<ul><li>Yes</li><li>No</li></ul>
Select all that apply:	☐ Surgery / Procedure ☐ Speech therapy ☐ Other
Other treatment, please specify	
Surgery / Procedure	<ul><li>☐ Thyroplasty</li><li>☐ Vocal fold injection augmentation</li><li>☐ Arytenoid adduction</li><li>☐ Other</li></ul>
Other Surgery / Procedure, please specify	
Thyroplasty - Subcategory	☐ Gore-Tex ☐ Silastic
Vocal fold injection augmentation - Subcategory	☐ CaHA ☐ Gel ☐ Hyaluronic acid augmentation ☐ Fat injection

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